


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90401 048 ***138.75

DOCUMENT # L03000000906

1. Entity Name
COURAGE & ASSOCIATES, LLC



60011903



Principal Place of Business Mailing Address
3006 AVIATION AVENUE **3006 AVIATION AVENUE**
SUITE 2A **SUITE 2A**
COCONUT GROVE, FL 33133 **COCONUT GROVE, FL 33133**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2121 PONCE DE LEON BLVD **2121 PONCE DE LEON BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1100 **1100**

City & State City & State
CORAL GABLES FL **CORAL GABLES FL**
 Zip Country Zip Country
33134 **USA** **33134** **USA**

02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
73-1697310 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FLORIDA CORPORATE SERVICES, LLC.
3006 AVIATION AVENUE
SUITE 2A
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent
 Name **SAUL H. SILVERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD #1100
 City **CORAL GABLES** FL Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Saul H. Silverman* **SAUL H. SILVERMAN** DATE **2/27/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSMANN, HANS 3006 AVIATION AVENUE, SUITE 2A COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	801 BRICKELL BAY DR #1170 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Hans Petersmann* **HANS PETERSMANN** DATE **2/27/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #